

Fill in this information to identify your case:

Debtor 1	<u>Romeo</u>	<u>Payumo</u>	<u>Pineda</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Rosabella</u>	<u>Salang</u>	<u>Pineda</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the: <u>District of Hawaii</u>			
Case number	<u>18-00466</u>		
	<small>(if known)</small>		

FILED  
U.S. BANKRUPTCY COURT  
DISTRICT OF HAWAII

2018 MAY 11 P 1:08

MICHAEL B. ☒ Check if this is an  
CLERK OF COURT amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	<b>Your assets</b> Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ <u>1,527,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ <u>15,754.32</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ <u>1,542,754.32</u>

#### Part 2: Summarize Your Liabilities

	<b>Your liabilities</b> Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ <u>1,859,439.28</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>405,558.27</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$ <u>919.00</u>
<b>Your total liabilities</b>	\$ <u>2,265,916.55</u>

#### Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>4,770.00</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>12,700.27</u>

Debtor 1

Romeo

Payumo

Pineda

Case number (if known) 18-00466

First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 16,176.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

Total claim

From Part 4 on Schedule E/F, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$ \_\_\_\_\_
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 405,558.27
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ \_\_\_\_\_
- 9d. Student loans. (Copy line 6f.) \$ \_\_\_\_\_
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ \_\_\_\_\_
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ \_\_\_\_\_
- 9g. Total. Add lines 9a through 9f. \$ 405,558.27

Fill in this information to identify your case and this filing:

Debtor 1	<u>Romeo</u>	<u>Payumo</u>	<u>Pineda</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Rosabella</u>	<u>Salang</u>	<u>Pineda</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: District of Hawaii

Case number 18-00466

☐ Check if this is an amended filing

## Official Form 106A/B

# Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1. 98-1890 Hapaki Street  
Street address, if available, or other description

Aiea HI 96701  
City State ZIP Code

Honolulu  
County

What is the property? Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ <u>860,000.00</u>	\$ <u>860,000.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. 1309 Kipaipai St., 2F  
Street address, if available, or other description

Pearl City HI 96782  
City State ZIP Code

Honolulu  
County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☒ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☒ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ <u>350,000.00</u>	\$ <u>350,000.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1.3. **2450 Prince Edward St**  
Street address, if available, or other description

**Honolulu HI 96815**  
City State ZIP Code

**Honolulu**  
County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☒ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☒ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$ <b>75,000.00</b>	\$ <b>75,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_

\$ **1,527,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1. Make: **Honda**  
Model: **Element**  
Year: **2006**  
Approximate mileage: **190000**  
Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$ <b>500.00</b>	\$ _____

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Approximate mileage: \_\_\_\_\_  
Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

☐ Check if this is community property (see instructions)

1.4. 1712 Liliha Street (Unit 205, 206 & 207)

Street address, if available, or other description

Honolulu, HI 96817

City State ZIP Code

Honolulu

County

What is the property? Check all that apply.

☐ Single-family home

☐ Duplex or multi-unit building

X Condominium or cooperative

☐ Manufactured or mobile home

☐ Land

☐ Investment property

☐ Timeshare

☐ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put  
the amount of any secured claims on Schedule D:  
Creditors Who Have Claims Secured by Property.

Current value of the  
entire property?

\$ 230,000

Current value of the  
portion you own?

\$ 230,000

Describe the nature of your ownership  
interest (such as fee simple, tenancy by  
the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

XX Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Other information you wish to add about this item, such as local  
property identification number: \_\_\_\_\_

1.5. Hilton Grand Vacation Time Share

Street address, if available, or other description

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City State ZIP Code

County

What is the property? Check all that apply.

☒ Single-family home

☒ Duplex or multi-unit building

☒ Condominium or cooperative

☒ Manufactured or mobile home

☒ Land

☒ Investment property

xx Timeshare

☒ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put  
the amount of any secured claims on Schedule D:  
Creditors Who Have Claims Secured by Property.

Current value of the  
entire property?

\$ 12,000

Current value of the  
portion you own?

\$ 12,000

Describe the nature of your ownership  
interest (such as fee simple, tenancy by  
the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

☒ Debtor 1 only

☒ Debtor 2 only

xx Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

---

☒ Check if this is community property  
(see instructions)

Other information you wish to add about this item, such as local  
property identification number: \_\_\_\_\_

3.3. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Approximate mileage: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Approximate mileage: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 500.00



**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
portion you own?  
Do not deduct secured claims  
or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... Used Furnitures

\$ 500.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... Used Appliances

\$ 500.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Used clothes

\$ 500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe..... Used Jewelry

\$ 1,000.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 2,500.00



Debtor 1

Romeo

Payumo

Pineda

Case number (# known) 18-00466

First Name Middle Name Last Name

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the  
portion you own?  
Do not deduct secured claims  
or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: \$ 100.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:	<u>First Hawaiian Bank (Acct# xxxx3927)</u>	\$ 11,328.19
17.2. Checking account:	<u>Central Pacific Bank (Acct# xxxx3302)</u>	\$ 676.25
17.3. Savings account:	_____	\$
17.4. Savings account:	_____	\$
17.5. Certificates of deposit:	_____	\$
17.6. Other financial account:	<u>Bank of Hawaii (Checking Acct# xxxx6489)</u>	\$ 649.88
17.7. Other financial account:	_____	\$
17.8. Other financial account:	_____	\$
17.9. Other financial account:	_____	\$

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

_____	\$
_____	\$
_____	\$

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific  
information about  
them.

Name of entity:

% of ownership:

_____	0%	%	\$
_____	0%	%	\$
_____	0%	%	\$

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific  
information about  
them.....

Issuer name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each  
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

☒ No

☐ Yes.....

Issuer name and description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them....

_____	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☒ No☐ Yes. Give specific information about them....

_____	\$ _____
-------	----------

**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☒ No☐ Yes. Give specific information about them....

_____	\$ _____
-------	----------

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal:	\$ _____
State:	\$ _____
Local:	\$ _____

**29. Family support***Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*☒ No☐ Yes. Give specific information.....

_____
-------

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*☒ No☐ Yes. Give specific information.....

_____	\$ _____
-------	----------

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

\_\_\_\_\_

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

\_\_\_\_\_

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ **12,754.32**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☐ No

☐ Yes. Describe.....

\_\_\_\_\_

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☐ Yes. Describe.....

\_\_\_\_\_

\$ \_\_\_\_\_

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade  
☐ No  
☐ Yes. Describe.....  \$ \_\_\_\_\_

41. Inventory  
☐ No  
☐ Yes. Describe.....  \$ \_\_\_\_\_

42. Interests in partnerships or joint ventures  
☐ No  
☐ Yes. Describe..... Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Customer lists, mailing lists, or other compilations  
☐ No  
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☐ No  
☐ Yes. Describe.....  \$ \_\_\_\_\_

44. Any business-related property you did not already list  
☐ No  
☐ Yes. Give specific information .....  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ..... ➔  \$ \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  
☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

47. Farm animals  
Examples: Livestock, poultry, farm-raised fish  
☐ No  
☐ Yes.....  \$ \_\_\_\_\_

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

Debtor 1

Romeo

Payumo

Pineda

Case number (if known) 18-00466

## 48. Crops—either growing or harvested

- ☐ No  
☐ Yes. Give specific information.....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☐ No  
☐ Yes.....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

- ☐ No  
☐ Yes.....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

- ☐ No  
☐ Yes. Give specific information.....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 1,527,000.00

56. Part 2: Total vehicles, line 5 \$ 500.00

57. Part 3: Total personal and household items, line 15 \$ 2,500.00

58. Part 4: Total financial assets, line 36 \$ 12,754.32

59. Part 5: Total business-related property, line 45 \$ \_\_\_\_\_

60. Part 6: Total farm- and fishing-related property, line 52 \$ \_\_\_\_\_

61. Part 7: Total other property not listed, line 54 + \$ \_\_\_\_\_

62. Total personal property. Add lines 56 through 61. → \$ 15,754.32 Copy personal property total → + \$ 15,754.32

63. Total of all property on Schedule A/B. Add line 55 + line 62. → \$ 1,542,754.32

Fill in this information to identify your case:

Debtor 1	Romeo	Payumo	Pineda
	First Name	Middle Name	Last Name
Debtor 2	Rosabella	Salang	Pineda
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number  
(If known) 18-00466

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes



Debtor 1

Romeo

First Name

Payumo

Middle Name

Pineda

Last Name

Case number (if known) 18-00466

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1	Romeo	Payumo	Pineda
	First Name	Middle Name	Last Name
Debtor 2	Rosabella	Salang	Pineda
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number (if known) 18-00466

☒ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not reduce the value of collateral	Column B Value of collateral that secures this claim	Column C Unsecured portion (if any)
2.1	Nationstar (Mr. Cooper)	
Describe the property that secures the claim: \$ 1,100,000.00 \$ 860,000.00 \$		
Creditor's Name PO Box 619063 Number Street		
98-1890 Hapaki St., Aiea, HI 96701		
City State ZIP Code Dallas TX 75261		
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Nature of lien. Check all that apply.		
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
Who owes the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred Last 4 digits of account number		
2.2	Ocwen Loan Servicing	
Describe the property that secures the claim: \$ 411,567.26 \$ 350,000.00 \$		
Creditor's Name 1661 Worthington Rd Number Street		
Suite 100		
West Palm Beach FL 33409		
City State ZIP Code		
As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Nature of lien. Check all that apply.		
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
Who owes the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred Last 4 digits of account number 4 0 6 1		
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1,511,567.26		

**Additional Page****Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not include the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion of claim
--	--	--

**2.3** Mabel Largoza Describe the property that secures the claim: \$ 111,793.91 \$ 75,000.00

Creditor's Name  
1 Chimney Point Drive  
Number Street  
2450 Prince Edward Street  
Honolulu, Hawaii

Ogdensburg NY 13669  
City State ZIP Code

Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.  
☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

**2.4** Mabel Largoza Describe the property that secures the claim: \$ 236,078.11 \$ 230,000.00

Creditor's Name  
1 Chimney Point Drive  
Number Street  
1712 Liliha Street, Honolulu, HI

Ogdensburg NY 13669  
City State ZIP Code

Who owes the debt? Check one.  
☒ Debtor 1 only  
☒ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.  
☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

**2.4** Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name  
Number Street  
City State ZIP Code

Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 347,872.02

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ 1,859,439.28

Debtor 1

Romeo

Payumo

Pineda

Case number (if known) 18-00466

## Part 2:

## List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

## 2.1 Clay Chapman Iwamura Pulice &amp; Nervell

Name

700 Bishop Tower, Suite 2001

Number Street

700 Bishop Street

Honolulu

HI

96813

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 4 0 6 1

## HSBC Bank USA National Association

Name

452 Fifth Avenue

Number Street

New York

NY

10002

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 2 1 2 5

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Romeo	Payumo	Pineda
	First Name	Middle Name	Last Name
Debtor 2	Rosabella	Salang	Pineda
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Hawaii

Case number 18-00466  
(If known)\*

☒ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

##### 2.1 United States of America IRS

Priority Creditor's Name

Last 4 digits of account number 7 7 0 8 \$ 68,695.59 \$

When was the debt incurred? 04/04/2008

Number Street

As of the date you file, the claim is: Check all that apply.

City State ZIP Code

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

##### 2.2 United States of America IRS

Priority Creditor's Name

Last 4 digits of account number 1 8 0 8 \$ 10,792.18 \$

When was the debt incurred? 04/22/2008

Number Street

As of the date you file, the claim is: Check all that apply.

City State ZIP Code

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes



**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim: Priority amount: Nonpriority amount:

**2.3****United States of America IRS**

Priority Creditor's Name

Last 4 digits of account number 8 9 0 8\$ 19,061.90 \$

Number Street

When was the debt incurred? 07/22/2008

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.6****United States of America IRS**

Priority Creditor's Name

Last 4 digits of account number 2 8 0 9\$ 12,304.00 \$

Number Street

When was the debt incurred? 01/06/2010

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.6****State of Hawaii - Dept of Taxation**

Priority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ 290,655.00 \$

Number Street

When was the debt incurred? 06/09/2017

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Continuation Schedule E/F

Part 1 – List of all Priority unsecured claims

2.7 United States of America IRS \$4,048.32  
Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 4809

When was the debt incurred? 02/06/2009

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify \_\_\_\_\_



Debtor 1

Romeo  
First NamePayumo  
Middle NamePineda  
Last Name

Case number (if known) 18-00466

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

**4.1 Discover Financial**  
 Nonpriority Creditor's Name  
**PO Box 15316**  
 Number Street  
**Wilmington** **DE** **19850**  
 City State ZIP Code

Last 4 digits of account number 5 1 1 2\$ 35.00When was the debt incurred? 10/01/1996

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Credit Card

**Who incurred the debt? Check one.**

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**4.2 First Hawaiian Bank**  
 Nonpriority Creditor's Name  
**1420 Liliha Street**  
 Number Street  
**Honolulu** **HI** **96817**  
 City State ZIP Code

Last 4 digits of account number 5 6 3 9\$ 11.00When was the debt incurred? 08/01/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Line of Credit

**Who incurred the debt? Check one.**

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**4.3 Aargon Collection Agency**  
 Nonpriority Creditor's Name  
**8668 Spring Mountain Rd**  
 Number Street  
**Las Vegas** **NV** **89117**  
 City State ZIP Code

Last 4 digits of account number 6 5 1 9\$ 35.00When was the debt incurred? 07/01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Medical Payment

**Who incurred the debt? Check one.**

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.4**

**SYNCB/Walmart**

Nonpriority Creditor's Name

**4125 Windward Plaza**

Number Street

**Alpharetta**

**GA**

**30005**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number **2 4 1 3**

\$ **469.00**

When was the debt incurred? **09/01/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Cards**

**4.5**

**Aargon Collection Agency**

Nonpriority Creditor's Name

**8668 Spring Mountain Rd**

Number Street

**Las Vegas**

**NV**

**89117**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number **6 5 1 9**

\$ **35.00**

When was the debt incurred? **10/01/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Payment**

**4.6**

**Aargon Collection Agency**

Nonpriority Creditor's Name

**8668 Spring Mountain Rd**

Number Street

**Las Vegas**

**NV**

**89117**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number **6 5 1 9**

\$ **29.00**

When was the debt incurred? **09/01/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Payment**

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4.7 Aargon Collection Agency \$29.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

xx Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6519

When was the debt incurred? 11/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

xx Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4. ~~3~~ Aargon Collection Agency \$29.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

xx Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6518

When was the debt incurred? 02/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

xx Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4.9 Aargon Collection Agency \$27.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6518

When was the debt incurred? 06/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

☒ Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4. ☒ Aargon Collection Agency \$25.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6519

When was the debt incurred? 09/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

☒ Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4. ☒ Aargon Collection Agency \$23.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6514

When was the debt incurred? 08/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

☒ Other. Specify: Medical Payment



Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4.12 Aargon Collection Agency \$69.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 7007

When was the debt incurred? 11/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

☒ Other. Specify: NV Energy

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4. ☒ Aargon Collection Agency \$29.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

xx Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6518

When was the debt incurred? 05/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

xx Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4. ☒ Aargon Collection Agency \$29.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6519

When was the debt incurred? 06/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

☒ Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4.15 Aargon Collection Agency \$23.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

xx Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 6514

When was the debt incurred? 08/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

xx Other. Specify: Medical Payment

Continuation Schedule E/F

Part 2 – List of all Non Priority unsecured claims

4. ☒ Aargon Collection Agency \$22.00  
Non-Priority Creditor's Name  
8668 Spring Mountain Rd  
Las Vegas, NV 89117

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 9801

When was the debt incurred? 07/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were  
intoxicated

☒ Other. Specify: Medical Payment

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims from Part 1**

6a. Domestic support obligations

6a. \$ \_\_\_\_\_

6b. Taxes and certain other debts you owe the government

6b. \$ 405,558.27

6c. Claims for death or personal injury while you were intoxicated

6c. \$ \_\_\_\_\_

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ \_\_\_\_\_

6e. Total. Add lines 6a through 6d.

6e. \$ 405,558.27

**Total claim****Total claims from Part 2**

6f. Student loans

6f. \$ \_\_\_\_\_

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ \_\_\_\_\_

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ \_\_\_\_\_

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 919.00

6j. Total. Add lines 6f through 6i.

6j. \$ 406,477.27



Fill in this information to identify your case:

Debtor	Romeo	Payumo	Pineda
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	Rosabella	Salang	Pineda
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Hawaii			
Case number (if known)	18-00466		

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1	<p>Lou Boacci</p> <p>Name</p> <p>2450 Prince Edward St</p> <p>Number Street</p> <p>Honolulu HI 96815</p> <p>City State ZIP Code</p>	<p>Rent of property at 2450 Prince Edward St., 27F</p> <p>Honolulu, HI 96815</p>
2.2	<p>Diagnostic Laboratory Services, Inc.</p> <p>Name</p> <p>650 Iwilei Road, Suite 300</p> <p>Number Street</p> <p>Honolulu HI 96817</p> <p>City State ZIP Code</p>	<p>Rental of property at 1712 Liliha Street, Honolulu, HI</p> <p>96817</p>
2.3	<p>Sanford R Uimori Realty, Inc.,</p> <p>Name</p> <p>94-529 Ukee Street</p> <p>Number Street</p> <p>Waipahu HI 96797</p> <p>City State ZIP Code</p>	<p>Rental of property at 1309 Kapaipai Street, Pearl City, HI</p> <p>96782</p>
2.4	<p></p> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	
2.5	<p></p> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	

Debtor 1 Romeo Payumo Pineda  
First Name Middle Name Last Name

Case number (if known) 18-00466

**Additional Page If You Have More Contracts or Leases**

Person or company with whom you have the contract or lease

What the contract or lease is for

2.2

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2.

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Romeo</u>	<u>Payumo</u>	<u>Pineda</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Rosabella</u>	<u>Salang</u>	<u>Pineda</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the: District of Hawaii			
Case number (if known)	<u>18-00466</u>		

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply.

3.1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Debtor 1

Romeo

Payumo

Pineda

Case number (if known) 18-00466

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3. _	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Romeo</u>	<u>Payumo</u>	<u>Pineda</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Rosabella</u>	<u>Salang</u>	<u>Pineda</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: District of Hawaii

Case number 18-00466  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/16

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☐ Employed  
☒ Not employed

- ☐ Employed  
☒ Not employed

#### Occupation

Retired

Retired

#### Employer's name

#### Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? \_\_\_\_\_

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ \_\_\_\_\_

3. Estimate and list monthly overtime pay.

3. + \$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ \_\_\_\_\_

Debtor 1

Romeo

Payumo

Pineda

Case number (if known) 18-00466

First Name

Middle Name

Last Name

Copy line 4 here.....

→ 4.

For Debtor 1

For Debtor 2 or  
non-filing spouse

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5b. Mandatory contributions for retirement plans

5b. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5c. Voluntary contributions for retirement plans

5c. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5d. Required repayments of retirement fund loans

5d. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5e. Insurance

5e. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5f. Domestic support obligations

5f. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5g. Union dues

5g. \$ \_\_\_\_\_

\$ \_\_\_\_\_

5h. Other deductions. Specify: \_\_\_\_\_

5h. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ \_\_\_\_\_

\$ \_\_\_\_\_

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ \_\_\_\_\_

\$ \_\_\_\_\_

## 8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 1,348.00

\$ \_\_\_\_\_

8b. Interest and dividends

8b. \$ \_\_\_\_\_

\$ \_\_\_\_\_

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ \_\_\_\_\_

\$ \_\_\_\_\_

8d. Unemployment compensation

8d. \$ \_\_\_\_\_

\$ \_\_\_\_\_

8e. Social Security

8e. \$ 2,080.00

\$ 1,342.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ \_\_\_\_\_

\$ \_\_\_\_\_

8g. Pension or retirement income

8g. \$ \_\_\_\_\_

\$ \_\_\_\_\_

8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 3,428.00

\$ 1,342.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 3,428.00

+ \$ 1,342.00

\$ 4,770.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$ \_\_\_\_\_

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12.

\$ 4,770.00

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.☐ Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Romeo</u>	<u>Payumo</u>	<u>Pineda</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Rosabella</u>	<u>Salang</u>	<u>Pineda</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: District of Hawaii

Case number 18-00466  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

\$ 5,197.26

4.

4a. \$ 442.40

4b. \$                     

4c. \$ 100.00

4d. \$



Debtor 1

Romeo

First Name

Payumo

Middle Name

Pineda

Last Name

Case number (if known) 18-00466

## Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$

## 6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 400.00

6b. Water, sewer, garbage collection

6b. \$

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 200.00

6d. Other. Specify: \_\_\_\_\_

6d. \$

## 7. Food and housekeeping supplies

7. \$ 1,000.00

## 8. Childcare and children's education costs

8. \$

## 9. Clothing, laundry, and dry cleaning

9. \$ 50.00

## 10. Personal care products and services

10. \$ 50.00

## 11. Medical and dental expenses

11. \$ 200.00

12. Transportation. Include gas, maintenance, bus or train fare.  
Do not include car payments.

12. \$ 150.00

## 13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$

## 14. Charitable contributions and religious donations

14. \$ 100.00

## 15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 200.00

15b. Health insurance

15b. \$ 400.00

15c. Vehicle insurance

15c. \$ 85.00

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: IRS Payment

16. \$ 800.00

## 17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$

17b. Car payments for Vehicle 2

17b. \$

17c. Other. Specify: \_\_\_\_\_

17c. \$

17d. Other. Specify: \_\_\_\_\_

17d. \$

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$

## 19. Other payments you make to support others who do not live with you.

Specify: \_\_\_\_\_

19. \$

## 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 3,149.10

20b. Real estate taxes

20b. \$ 176.51

20c. Property, homeowner's, or renter's insurance

20c. \$

20d. Maintenance, repair, and upkeep expenses

20d. \$

20e. Homeowner's association or condominium dues

20e. \$



Debtor 1

Romeo

First Name

Payumo

Middle Name

Pineda

Last Name

Case number (if known) 18-00466

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 12,700.27

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 12,700.27

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 4,770.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 12,700.27

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ -7,930.27

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

Profit and Statement for  
2450 Prince Edward, Honolulu, HI

	January	February	March	April	Total
Rent Received	800.00	800.00	800.00	800.00	3,200.00
Less: Expenses					
Supplies	187.75	187.75	187.75	187.75	751.00
Insurance	83.00	83.00	83.00	83.00	332.00
Management Fee	430.00	430.00	430.00	430.00	1,720.00
Repair & Cost of Maintenance	430.00	430.00	430.00	430.00	1,720.00
Taxes	85.00	85.00	85.00	85.00	340.00
Utilities	56.00	56.00	56.00	56.00	224.00
Total Expenses	1,271.75	1,271.75	1,271.75	1,271.75	5,087.00
Net Income from Rent	(471.75)	(471.75)	(471.75)	(471.75)	(1,887.00)

Profit and Statement for  
1309 Kapaipai St. Pearl City, HI

	January	February	March	April	Total
Rent Received	1,825.00	1,825.00	1,825.00	1,825.00	7,300.00
Less: Expenses					
Cleaning & Maintenance	185.00	185.00	185.00	185.00	740.00
Insurance	140.00	140.00	140.00	140.00	560.00
Management Fee	185.00	185.00	185.00	185.00	740.00
Mortgage interest paid to bank	700.00	700.00	700.00	700.00	2,800.00
Repair & Cost of Maintenance	1,345.00	1,345.00	1,345.00	1,345.00	5,380.00
Supplies	60.00	60.00	60.00	60.00	240.00
Taxes	45.00	45.00	45.00	45.00	180.00
Utilities	55.00	55.00	55.00	55.00	220.00
Total Expenses	2,715.00	2,715.00	2,715.00	2,715.00	10,860.00
Net Income from Rent	(890.00)	(890.00)	(890.00)	(890.00)	(3,560.00)

Profit and Statement for  
1712 Lilihua St., Honolulu, HI 96817

	January	February	March	April	Total
Rent Received	2,460.75	2,460.75	2,460.75	2,460.75	9,843.00
Less: Expenses					
Cleaning & Maintenance	62.00	62.00	62.00	62.00	248.00
Insurance	165.00	165.00	165.00	165.00	660.00
Management Fee	250.00	250.00	250.00	250.00	1,000.00
Repair & Cost of Maintenance	200.00	200.00	200.00	200.00	800.00
Utilities	85.00	85.00	85.00	85.00	340.00
Total Expenses	762.00	762.00	762.00	762.00	3,048.00
Net Income from Rent	1,698.75	1,698.75	1,698.75	1,698.75	6,795.00

Fill in this information to identify your case:

Debtor 1  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of  
(State)

Case number  
(If known)

☐ Check if this is an  
amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and  
Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and  
that they are true and correct.

x Ronald P. Funch x  
Signature of Debtor 1

Date 05/11/18  
MM / DD / YYYY

Rondella A. Pineda  
Signature of Debtor 2

Date 05/11/18  
MM / DD / YYYY